



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-12024-RGS	
DEFENDANT 2001 Toyota Sequoia, et al.,		TYPE OF PROCESS Complaint and Warrant & Monition	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Toyota Motor Credit Corporation, Lexus Financial Services		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 500 Red Brook Boulevard, Owings Mills, MD 21117		
Send NOTICE OF SERVICE copy to Requester: SHELBEY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) <i>complaint and Warrant & Monition - SC</i> Please serve the attached Preliminary Order of Forfeiture upon the above-named company by certified mail, return receipt requested.			
Signature of Attorney or other Originator requesting service on behalf of <i>Sherley D. Wright</i>		[X] Plaintiff [] Defendant	LJT x3283 Telephone No. (617) 748-3100 Date Oct 8, 2004
SIGNATURE OF PERSON ACCEPTING PROCESS			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: Date
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [X] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [] AM [] PM
		Please see Remarks below:	
		Signature, Title and Treasury Agency <i>Stephen P. Leonard</i> Stephen P. Leonard, Forfeitures Officer U.S. Customs & Border Protection	
REMARKS: Notice was served as directed above. Copy of Postal receipt # 7001 2510 003 4300 3090 is attached. Receipt indicates delivery date of '11-12-04.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

060E 00E4 E000 0T52 T002

Postage	\$
Certified Fee	\$
Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)	\$
Total Postage & Fees	\$

Postmark Here
 NOV 08 2004
 JOHN F. KENNEDY ST
 BOSTON MA 02117

Sent To
 Toyota Motor Credit Corporation
 Street Apt. No. or PO Box No. Lexus Financial Services
 City, State, ZIP+4 500 Red Brook Boulevard
 Owings Mills, MD 21117

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ROBERT CLARK</i></p> <p>C. Date of Delivery <i>11-17-04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Toyota Motor Credit Corp. Lexus Financial Services 500 Red Brook Boulevard Owings Mills, MD 21117</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article (Trans) 7001 2510 0003 4300 3090</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381